Executive Summary

Faith-based and community organizations have a long tradition of providing essential services to people in need in the United States, including persons with mental illnesses.* To explore productive partnerships and build more effective partnerships between consumers and members of faith-based and community organizations, the Center for Mental Health Services (CMHS), part of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services, sponsored a two-day facilitated meeting in October 2002. Two dozen invited consumers and members of diverse faith traditions and community organizations participated.

Participants focused on characteristics of and issues related to interactions between mental health consumers and members of faith-based organizations. They formulated recommendations to achieve better mutual understanding and to create partnerships to promote recovery for persons with mental illnesses.

Some participants spoke about the positive impacts of spirituality and religion on their recovery and coping, while others revealed that some faith communities had displayed a lack of knowledge of how to help them or had turned them away.

Participants identified specific factors within faith and community settings that contribute to or hinder recovery. Factors that promote recovery include a sense of community, rituals and other spiritual practices, an understanding of mental illnesses and psychiatric disabilities, and cultural competence. Factors that hinder recovery include discrimination and stigma, lack of outreach to persons with mental illnesses, an authoritarian perspective and/or lack of openness, and the historical schism between religion and the mental health community. Participants also discussed systems-level issues such as social policy, training for religious leaders and mental health providers, partnerships to address the needs of persons with mental illnesses, the role of the Federal government, and the role of consumers.

*Although a number of terms identify people who use or have used mental health services (e.g., person with a mental disorder, ex-patient, consumer, psychiatric survivor, client, psychiatrically labeled), for consistency throughout this report, the terms "persons with mental illnesses" and "consumers" will be used.

The following highlights dialogue participants' recommendations.

To SAMHSA/Center for Mental Health Services

- Provide education on mental health services to faith-based and community organizations, including curriculum and program development.
- Enhance education for health care and social service providers about the roles of faith, spirituality, and religion in recovery.
- Create ongoing dialogue and foster partnerships between mental health agencies and faith-based communities.
- Promote best-practices models to assist persons with mental illnesses engaged in the life of faith communities.
- Provide Federal assistance, monitoring, evaluation, and feedback regarding faith-based and community organizations' services for persons with mental illnesses.
- Work to foster research related to mental health issues and the faith community.

To Faith-Based Organizations

- Create a welcoming, supportive environment for mental health consumers.
- Introduce instruction on mental health and mental illnesses as required topics in seminary education.
- Create partnerships between consumers and faith-based organizations for education.
- Address issues of discrimination and stigma, including dealing openly, positively, and compassionately with clergy with their own mental health issues.
- Educate mental health providers about the role of chaplains in psychiatric hospitals as part of the treatment team.

To Consumers and Consumer Advocates

- Develop a compendium of best practices and lessons learned about engaging faith communities to create welcoming environments for people with mental health issues.
- Volunteer to share faith-based stories with congregations and consumer conferences to put a face on recovery and the role that spirituality plays in recovery; establish speakers bureaus.
- Organize dialogues between faith communities and mental health consumers.
- Mobilize consumer groups to prepare reference manuals on mental health and other social support resources in their communities for the benefit of clergy, schools, and other groups.